

# Financial Hardship Application



In accordance with Chapter 4, Part 10 of the *Local Government Regulation 2012* (QLD) and the *Local Government Act 2009* (QLD)

## Important Information

This application is for assistance with Council rates and charges (as defined by the *Local Government Act 2009* (QLD)) on the basis of financial hardship.

Please ensure all relevant supporting documentation is attached to this application prior to submission.

## Applicant Details

Title:  Mr  Mrs  Ms  Miss

Given name(s)

Surname(s)

Postal address

Suburb

Postcode

Phone  (W)  (H) Mobile

Email address

I authorise Council to send SMS payment reminder messages to the mobile number provided above (*this will only occur if a payment arrangement/agreement is approved and entered into with you by Council.*)

## Property Details

1<sup>st</sup> Property number: \_\_\_\_\_

1<sup>st</sup> Property address

Name of Registered Owner 1

DOB:  Occupation:

Resides at above property

Name of Registered Owner 2

DOB:  Occupation:

Resides at above property

Name of Registered Owner 3

DOB:  Occupation:

Resides at above property

Name of Registered Owner 4

DOB:  Occupation:

Resides at above property

**Information Privacy Act 2009** - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Information Privacy Act 2009 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the *Local Government Act 2009* or the *Right to Information Act 2009*. Redland City Council is collecting your personal information in order to process your application. This information will only be disclosed to any other third party with your written authorisation or as we are required to by law.

Redland City Council PO Box 21 Cleveland QLD 4163 | T 07 3829 8999 | F 07 3829 8765 | E rcc@redland.qld.gov.au | W www.redland.qld.gov.au

2<sup>nd</sup> Property number: \_\_\_\_\_

2<sup>nd</sup> Property address

Name of Registered Owner 1

DOB:  Occupation:

Resides at above property

Name of Registered Owner 2

DOB:  Occupation:

Resides at above property

Name of Registered Owner 3

DOB:  Occupation:

Resides at above property

Name of Registered Owner 4

DOB:  Occupation:

Resides at above property

3<sup>rd</sup> Property number: \_\_\_\_\_

3<sup>rd</sup> Property address

Name of Registered Owner 1

DOB:  Occupation:

Resides at above property

Name of Registered Owner 2

DOB:  Occupation:

Resides at above property

Name of Registered Owner 3

DOB:  Occupation:

Resides at above property

Name of Registered Owner 4

DOB:  Occupation:

Resides at above property

**Note:** if additional properties are to be listed, please complete the relevant details on a separate application form.

CSFS016 - 01/07/2020



# Summary of Financial Position

**Property owners who have combined income, expenses, assets and liabilities can combine information.**

Please note: income, expenditure and liabilities are to be **monthly** figures.

(e.g. income of a \$500 weekly take home wage would be \$500/week x 52 (weeks/year) / 12 (months/year) = \$2,167 per month)

**INCOME** *(Please attach recent payslips and/or Income Statements to substantiate financial position)*

Income Type	Applicant 1		Applicant 2	
	Income Source	Monthly Amount	Income Source	Monthly Amount
Wage (after tax):				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				
<input type="checkbox"/> Casual <input type="checkbox"/> Contract				
Pension and benefits				
Interest from banks / credit unions / building societies / stocks / shares / dividends				
Compensation, superannuation, insurance or retirement benefits				
Other income <i>(please specify)</i>				
<b>Total monthly income:</b>		\$		\$

**EXPENSES** *(Please attach full statements for any of the below where relevant to substantiate financial position)*

Expense Type	Applicant 1		Applicant 2	
	Expense Paid to	Monthly Amount	Expense Paid to	Monthly Amount
Electricity and Gas				
Medical				
Council rates and charges				
Education				
Rent <i>(if applicable)</i>				
Insurance				
Telecommunications				
Other outgoings				
<b>Total monthly expenses:</b>		\$		\$

# Summary of Financial Position

## ASSETS

Asset Type	Applicant 1		Applicant 2	
	Asset Description	Asset Value	Asset Description	Asset Value
Savings or cheque accounts (e.g. bank, building society, credit union – please specify)				
All properties				
Investments (bonds, shares, etc.)				
Motor vehicles (please specify make, model, etc)				
Boat, caravan, jet ski, etc.				
Other				
<b>Total:</b>		\$		\$

## LIABILITIES (Please attach full statements for any of the below liabilities to substantiate financial position)

Loan Purpose	Applicant 1				Applicant 2			
	Creditor	Current Debt	Arrears (if any)	Monthly Repayment	Creditor	Current Debt	Arrears (if any)	Monthly Repayment
Home loan								
Other mortgages								
Personal loan								
Hire purchase								
Motor vehicle loan								
Credit cards								
Other liabilities								
<b>Total monthly repayments:</b>				\$				\$

**Note:** if additional applicants are required to provide information regarding their financial position, please complete the details on a separate form.

# Declaration

I/we:

- Acknowledge and agree that Redland City Council is collecting and relying on the information in this form to assess my financial hardship application;
- Authorise Redland City Council to contact me/us to discuss the financial hardship application via the contact details provided on this form;
- Declare that the information provided in this form is complete and correct; and
- Understand that giving false or misleading information is a serious offence.

## Applicant 1

Full name

Signature

Date

## Applicant 2

Full name

Signature

Date

## Supporting Documentation Required

- Payslips and/or Centrelink Income Statement
- Bank statements for the last three (3) months
- Confirmation of other income and/or expenses that do not appear on the above statements

## Next Steps

1. Please return the financial hardship application form and copies of all supporting documentation via:
  - **Email:** [financialhardship@redland.qld.gov.au](mailto:financialhardship@redland.qld.gov.au)
  - **Post:** Private and Confidential  
Accounts Receivable  
Redland City Council  
PO Box 21  
CLEVELAND QLD 4163
  - **Visit:** a Customer Service Centre:
    - Cleveland – Corner of Bloomfield and Middle Streets, Cleveland
    - Capalaba – 4-16 Noeleen Street, Capalaba
    - Victoria Point – 7-15 Bunker Road, Victoria Point (*inside library – entrance via High Street*)
2. Upon receipt of your completed financial hardship application form and copies of all supporting documentation, Redland City Council will review and assess your financial hardship application form and supporting documentation and contact you to discuss the outcome of the assessment.
3. Please be aware that submission of a financial hardship application form does not release you from your obligations to pay your rates and charges and if full payment of rates and charges are not received by the date shown on your rates notice, the overdue rates will attract interest compounded daily and could result in legal action being taken.